

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000007447

FILED  
Jan 16, 2009  
Secretary of State

**Entity Name:** BARBARA BRENNAN CENTER FOR RESEARCH AND HEALING, INC.

**Current Principal Place of Business:**

500 NE SPANISH RIVER BLVD SUITE 208  
BOCA RATON, FL 33431

**New Principal Place of Business:**

**Current Mailing Address:**

500 NE SPANISH RIVER BLVD SUITE 208  
BOCA RATON, FL 33431

**New Mailing Address:**

**FEI Number:** 22-3881904

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BRENNAN, BARBARA  
500 NE SPANISH RIVER BLVD SUITE 208  
BOCA RATON, FL 33431 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: BRENNAN, BARBARA  
Address: 2774 OCEAN BLVD #106  
City-St-Zip: PALM BEACH, FL 33380

Title: VD ( ) Delete  
Name: PAE, SHERRY  
Address: 210 WHITE DOGWOOD DRIVE  
City-St-Zip: ETTERS, PA 17319

Title: D ( ) Delete  
Name: KEENE, LAURIE  
Address: 146 W MAIN STREET  
City-St-Zip: ANNVILLE, PA 17003

Title: STD ( ) Delete  
Name: LOWRY, TIMOTHY  
Address: 7145 DEVENSHIRE LANE  
City-St-Zip: MISSOULA, MT 59840

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: BRENNAN, BARBARA  
Address: 500 NE SPANISH RIVER BLVD.  
City-St-Zip: BOCA RATON, FL 33431

Title: VD (X) Change ( ) Addition  
Name: PAE, SHERRY  
Address: PO BOX 126  
City-St-Zip: DAUPHIN, PA 17018

Title: D (X) Change ( ) Addition  
Name: KEENE, LAURIE  
Address: 146 W MAIN STREET  
City-St-Zip: COLLINSWOOD, PA 17003

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BARBARA A BRENNAN

MS.

01/16/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date